

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-1344	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 11/26/2008 TIME 10:11

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:


LAWRENCE COUNTY MEMORIAL HOSPITAL 14-1344
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 11/26/2008 TIME 10:11

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xzJZa0HY6A8f068a0zYikQ2Io3Aag
mZS203AYI60UG5W6

PI ENCRYPTION INFORMATION
DATE: 11/26/2008 TIME 10:11

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s2NNv0Y4ZUDnct0:5vbsz92Yrqh1x1
C2xQ32NM0C0U1zap


OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	19,845	118,120	0	
2 SUBPROVIDER	0	534	0	0	
3 SWING BED - SNF	0	10,682	0	0	
100 TOTAL	0	31,061	118,120	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Health Financial Systems MCRIF32 FOR LAWRENCE COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2008)
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 14-1344 I FROM 7/ 1/2007 I WORKSHEET S-2
 I I TO 6/30/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 2100 STATE STREET P.O. BOX: 62439
 1.01 CITY: LAWRENCEVILLE STATE: IL ZIP CODE: 62439- COUNTY: LAWRENCE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	LAWRENCE COUNTY MEMORIAL HOSPITAL	14-1344	2.01	4/ 1/2005	N O N
03.00 SUBPROVIDER	LAWRENCE COUNTY MEMORIAL HOSPITAL	14-M344		4/ 1/2005	N T N
04.00 SWING BED - SNF	LAWRENCE COUTNY MEMORIAL HOSPITAL	14-Z344		4/ 1/2005	N O N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008
 18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

- 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
- 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.
- 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
- 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
- 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 4/ 1/2005
- 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
- 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)
- 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

1	2	3	4
0	0.0000	0.0000	
0.00	0		

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

- | | % | Y/N |
|---|-------|-----|
| 28.03 STAFFING | 0.00% | |
| 28.04 RECRUITMENT | 0.00% | |
| 28.05 RETENTION | 0.00% | |
| 28.06 TRAINING | 0.00% | |
| 28.07 | 0.00% | |
| 28.08 | 0.00% | |
| 28.09 | 0.00% | |
| 28.10 | 0.00% | |
| 28.11 | 0.00% | |
| 28.12 | 0.00% | |
| 28.13 | 0.00% | |
| 28.14 | 0.00% | |
| 28.15 | 0.00% | |
| 28.16 | 0.00% | |
| 28.17 | 0.00% | |
| 28.18 | 0.00% | |
| 28.19 | 0.00% | |
| 28.20 | 0.00% | |
| 29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? | N | |
| 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) | Y | |
| 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 | N | |
| 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) | N | |
| 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). | N | |
| 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II | N | |
| 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | Y | |
| 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | |
| 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | |
| 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | |
| 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | |
| 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | |

MISCELLANEOUS COST REPORT INFORMATION

- 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
- 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
- 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
- 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
- 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
- 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)
- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

V	XVIII	XIX
1	2	3
N	N	N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N

40.01 NAME: FI/CONTRACTOR NAME
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
(SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 0
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 121,982
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. Y

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(ii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

N 0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,150	57,744.00		1,763		346
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)					718		
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,150	57,744.00		2,481		346
12 TOTAL	25	9,150	57,744.00		2,481		346
13 RPCH VISITS							
14 SUBPROVIDER	10	110			41		
25 TOTAL	35						
26 OBSERVATION BED DAYS							27
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,406				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)			718				
3 ADULTS & PED-SB SNF			4				
4 ADULTS & PED-SB NF			3,128				
5 TOTAL ADULTS AND PEDS			3,128				
12 TOTAL							
13 RPCH VISITS			41				
14 SUBPROVIDER							
25 TOTAL							
26 OBSERVATION BED DAYS	2	25	71	5	66		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					574	158	997
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		127.25			574	158	997
12 TOTAL							
13 RPCH VISITS							
14 SUBPROVIDER		1.03			1		1
25 TOTAL		128.28					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1344
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008I PREPARED 11/26/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
3	0300 GENERAL SERVICE COST CNTR					
4	0400 NEW CAP REL COSTS-BLDG & FIXT		185,646	185,646		185,646
5	0500 NEW CAP REL COSTS-MVBLE EQUIP		430,929	430,929		430,929
6.01	0601 EMPLOYEE BENEFITS		1,375,450	1,375,450	27,432	1,402,882
6.02	0601 PATIENT SERVICES	242,941	258,693	501,634		501,634
6.03	0601 PURCHASING AND RECEIVING	56,598	3,416	60,014		60,014
6.04	0601 COMMUNICATIONS		42,910	42,910		42,910
7	0660 OTHER ADMINISTRATIVE AND GENERAL	133,130	855,942	989,072	-27,432	961,640
8	0700 MAINTENANCE & REPAIRS	111,689	112,906	224,595		224,595
9	0800 OPERATION OF PLANT		168,605	168,605		168,605
10	0900 LAUNDRY & LINEN SERVICE		44,615	44,615		44,615
11	1000 HOUSEKEEPING	150,749	24,724	175,473		175,473
12	1100 DIETARY	143,393	271,311	414,704	-352,755	61,949
14	1200 CAFETERIA				352,755	352,755
15	1400 NURSING ADMINISTRATION	113,035	2,671	115,706		115,706
16	1500 CENTRAL SERVICES & SUPPLY					
17	1600 PHARMACY	144,632	23,831	168,463		168,463
18	1700 MEDICAL RECORDS & LIBRARY	177,003	38,663	215,666		215,666
20	1800 SOCIAL SERVICE	67,517	8,924	76,441		76,441
25	2000 NONPHYSICIAN ANESTHETISTS		200,000	200,000		200,000
31	2500 INPAT ROUTINE SRVC CNTRS	731,904	132,559	864,463		864,463
37	3100 ADULTS & PEDIATRICS	4,391	5,225	9,616		9,616
40	3700 SUBPROVIDER					
41	4000 ANCILLARY SRVC COST CNTRS	105,231	99,834	205,065		205,065
44	4100 OPERATING ROOM		4,286	4,286		4,286
46	4400 ANESTHESIOLOGY	189,674	618,661	808,335		808,335
49	4600 RADIOLOGY-DIAGNOSTIC	345,313	365,794	711,107		711,107
50	4400 LABORATORY		44,352	44,352		44,352
50.01	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		213,814	213,814		213,814
53	4900 RESPIRATORY THERAPY	103,268	16,007	119,275		119,275
55	5000 PHYSICAL THERAPY	15,668	23,225	38,893		38,893
56	5300 CARDIAC REHAB					
59	5500 ELECTROCARDIOLOGY		49,190	49,190		49,190
60	5600 MEDICAL SUPPLIES CHARGED TO PATIENTS		165,439	165,439		165,439
61	5900 DRUGS CHARGED TO PATIENTS	8,663	7,044	15,707		15,707
62	6000 OTHER ANCILLARY					
65	6200 OUTPAT SERVICE COST CNTRS				452,557	452,557
95	6000 CLINIC	395,683	802,951	1,198,634		1,198,634
96	6100 EMERGENCY					
98	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
98.01	6500 OTHER REIMBURS COST CNTRS	361,098	90,395	451,493		451,493
98.02	6500 AMBULANCE SERVICES					
100	9500 SPEC PURPOSE COST CENTERS	3,601,580	6,688,012	10,289,592	452,557	10,742,149
101	9500 SUBTOTALS					
101	9600 NONREIMBURS COST CENTERS					
101	9800 GIFT, FLOWER, COFFEE SHOP & CANTEEN	45,071	199,335	244,406		244,406
101	9801 PHYSICIANS' PRIVATE OFFICES	162,382	247,657	410,039	-235,204	174,835
101	9802 RURAL HEALTH CLINIC (NON-CERTIFIED)	77,804	385,599	463,403	-217,353	246,050
101	9802 LSC					
101	1000 OTHER NON REIMBURSABLE					
101	TOTAL	3,886,837	7,520,603	11,407,440	-0-	11,407,440

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-25,000	160,646
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-29,375	401,554
5	0500 EMPLOYEE BENEFITS	-567	1,402,315
6.01	0601 PATIENT SERVICES	-18,316	483,318
6.02	0601 PURCHASING AND RECEIVING		60,014
6.03	0601 COMMUNICATIONS		42,910
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	-58,098	903,542
7	0700 MAINTENANCE & REPAIRS		224,595
8	0800 OPERATION OF PLANT		168,605
9	0900 LAUNDRY & LINEN SERVICE		44,615
10	1000 HOUSEKEEPING		175,473
11	1100 DIETARY	-14,945	47,004
12	1200 CAFETERIA	-80,444	272,311
14	1400 NURSING ADMINISTRATION		115,706
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		168,463
17	1700 MEDICAL RECORDS & LIBRARY	-5,486	210,180
18	1800 SOCIAL SERVICE		76,441
20	2000 NONPHYSICIAN ANESTHETISTS		200,000
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		864,463
31	3100 SUBPROVIDER		9,616
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		205,065
40	4000 ANESTHESIOLOGY		4,286
41	4100 RADIOLOGY-DIAGNOSTIC		808,335
44	4400 LABORATORY		711,107
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		44,352
49	4900 RESPIRATORY THERAPY		213,814
50	5000 PHYSICAL THERAPY		119,275
50.01	3160 CARDIAC REHAB	-710	38,183
53	5300 ELECTROCARDIOLOGY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-16,016	33,174
56	5600 DRUGS CHARGED TO PATIENTS		165,439
59	0000 OTHER ANCILLARY		15,707
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		452,557
61	6100 EMERGENCY	-226,504	972,130
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		451,493
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-475,461	10,266,688
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		244,406
98.01	9801 RURAL HEALTH CLINIC (NON-CERTIFIED)		174,835
98.02	9802 LSC		246,050
100	0000 OTHER NON REIMBURSABLE		
101	TOTAL	-475,461	10,931,979

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	PATIENT SERVICES	0601	NONPATIENT TELEPHONES
6.02	PURCHASING AND RECEIVING	0601	NONPATIENT TELEPHONES
6.03	COMMUNICATIONS	0601	NONPATIENT TELEPHONES
6.04	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
31	SUBPROVIDER	3100	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	CARDIAC REHAB	3160	CARDIOPULMONARY
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	OTHER ANCILLARY	0000	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	RURAL HEALTH CLINC (NON-CERTIFIED)	9801	PHYSICIANS' PRIVATE OFFICES
98.02	LSC	9802	PHYSICIANS' PRIVATE OFFICES
100	OTHER NON REIMBURSABLE	0000	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141344

PERIOD:

FROM 7/ 1/2007

TO 6/30/2008

PREPARED 11/26/2008

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE	SALARY	OTHER
	(1)	COST CENTER	LINE NO		
	1	2	3	4	5
1 CAFETERIA RECLASS	A	CAFETERIA	12	121,973	230,782
2 EMPLOYEE BENEFITS RECLASS	B	EMPLOYEE BENEFITS	5	27,432	
3 PROVIDER BASED CLINIC (LSC)	C	CLINIC	60	76,312	141,041
4 PROVIDER BASED CLINIC #2	D	CLINIC	60	138,803	96,401
36 TOTAL RECLASSIFICATIONS				364,520	468,224

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:

141344

PERIOD:

FROM 7/ 1/2007

TO 6/30/2008

PREPARED 11/26/2008

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	DECREASE				A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9
1 CAFETERIA RECLASS	A	DIETARY	11	121,973	230,782
2 EMPLOYEE BENEFITS RECLASS	B	OTHER ADMINISTRATIVE AND GENERAL	6.04	27,432	
3 PROVIDER BASED CLINIC (LSC)	C	LSC	98.02	76,312	141,041
4 PROVIDER BASED CLINIC #2	D	RURAL HEALTH CLINIC (NON-CERTIFIED)	98.01	138,803	96,401
36 TOTAL RECLASSIFICATIONS				364,520	468,224

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:

141344

PERIOD:

FROM 7/ 1/2007

TO 6/30/2008

PREPARED 11/26/2008

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----		LINE	AMOUNT
LINE	COST CENTER	12	352,755
1.00	CAFETERIA		
TOTAL RECLASSIFICATIONS FOR CODE A			352,755

----- DECREASE -----		LINE	AMOUNT
COST CENTER		11	352,755
DIETARY			
			352,755

RECLASS CODE: B

EXPLANATION : EMPLOYEE BENEFITS RECLASS

----- INCREASE -----		LINE	AMOUNT
LINE	COST CENTER	5	27,432
1.00	EMPLOYEE BENEFITS		
TOTAL RECLASSIFICATIONS FOR CODE B			27,432

----- DECREASE -----		LINE	AMOUNT
COST CENTER		6.04	27,432
OTHER ADMINISTRATIVE AND GENER			
			27,432

RECLASS CODE: C

EXPLANATION : PROVIDER BASED CLINIC (LSC)

----- INCREASE -----		LINE	AMOUNT
LINE	COST CENTER	60	217,353
1.00	CLINIC		
TOTAL RECLASSIFICATIONS FOR CODE C			217,353

----- DECREASE -----		LINE	AMOUNT
COST CENTER		98.02	217,353
LSC			
			217,353

RECLASS CODE: D

EXPLANATION : PROVIDER BASED CLINIC #2

----- INCREASE -----		LINE	AMOUNT
LINE	COST CENTER	60	235,204
1.00	CLINIC		
TOTAL RECLASSIFICATIONS FOR CODE D			235,204

----- DECREASE -----		LINE	AMOUNT
COST CENTER		98.01	235,204
RURAL HEALTH CLINC (NON-CERTIF			
			235,204

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	20,150					20,150	
2	LAND IMPROVEMENTS	142,586					142,586	
3	BUILDINGS & FIXTURE	3,866,107	79,048		79,048		3,945,155	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	325,922					325,922	
6	MOVABLE EQUIPMENT	3,818,236	164,676		164,676		3,982,912	
7	SUBTOTAL	8,173,001	243,724		243,724		8,416,725	
8	RECONCILING ITEMS							
9	TOTAL	8,173,001	243,724		243,724		8,416,725	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

RT III - RECONCILIATION OF CAPITAL COST CENTERS									
DESCRIPTION		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	4,271,077		4,271,077	.517456				
4	NEW CAP REL COSTS-MV	3,982,912		3,982,912	.482544				
5	TOTAL	8,253,989		8,253,989	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	108,244			43,353	9,049		160,646
4	NEW CAP REL COSTS-MV	379,175		22,379				401,554
5	TOTAL	487,419		22,379	43,353	9,049		562,200

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	133,244			43,353	9,049		185,646
4	NEW CAP REL COSTS-MV	379,295		51,634				430,929
5	TOTAL	512,539		51,634	43,353	9,049		616,575

- * All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-1344
II PERIOD:
I FROM 7/ 1/2007 I PREPARED 11/26/2008
I TO 6/30/2008 I WORKSHEET A-8

DESCRIPTION (1)			(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	LINE NO	WKST. A-7 REF. 5
			1	2	3		4	
1	INVST INCOME-OLD BLDGS AND FIXTURES				**COST CENTER DELETED**		1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP				**COST CENTER DELETED**		2	
3	INVST INCOME-NEW BLDGS AND FIXTURES				NEW CAP REL COSTS-BLDG &		3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP	B		-29,255	NEW CAP REL COSTS-MVBLE E		4	11
5	INVESTMENT INCOME-OTHER							
6	TRADE, QUANTITY AND TIME DISCOUNTS							
7	REFUNDS AND REBATES OF EXPENSES	B		-16,016	MEDICAL SUPPLIES CHARGED		55	
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS							
9	TELEPHONE SERVICES							
10	TELEVISION AND RADIO SERVICE							
11	PARKING LOT							
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2		-149,390				
13	SALE OF SCRAP, WASTE, ETC.							
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1						
15	LAUNDRY AND LINEN SERVICE							
16	CAFETERIA--EMPLOYEES AND GUESTS	B		-80,444	CAFETERIA		12	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS							
18	SALE OF MED AND SURG SUPPLIES	B		-5,486	MEDICAL RECORDS & LIBRARY		17	
19	SALE OF DRUGS TO OTHER THAN PATIENTS							
20	SALE OF MEDICAL RECORDS & ABSTRACTS							
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)							
22	VENDING MACHINES							
23	INCOME FROM IMPOSITION OF INTEREST							
24	INTRST EXP ON MEDICARE OVERPAYMENTS							
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4			RESPIRATORY THERAPY		49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4			PHYSICAL THERAPY		50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3						
28	UTILIZATION REVIEW-PHYSIAN COMP				**COST CENTER DELETED**		89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES				**COST CENTER DELETED**		1	
30	DEPRECIATION-OLD MOVABLE EQUIP				**COST CENTER DELETED**		2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES				NEW CAP REL COSTS-BLDG &		3	
32	DEPRECIATION-NEW MOVABLE EQUIP				NEW CAP REL COSTS-MVBLE E		4	
33	NON-PHYSICIAN ANESTHETIST				NONPHYSICIAN ANESTHETISTS		20	
34	PHYSICIANS' ASSISTANT				**COST CENTER DELETED**		51	
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4			**COST CENTER DELETED**		52	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4						
37	MISC REVENUE - ADMINISTRATION	B		-4,195	OTHER ADMINISTRATIVE AND		6.04	
38	PART BY PHYSICIAN BILLING COSTS	A		-18,316	PATIENT SERVICES		6.01	
39	TELEPHONE OFFSET	A		-120	NEW CAP REL COSTS-MVBLE E		4	9
40	TELEPHONE OFFSET	A		-2,087	OTHER ADMINISTRATIVE AND		6.04	
41	TELEPHONE OFFSET	A		-567	EMPLOYEE BENEFITS		5	
42	PHYSICIAN MALPRACTICE COSTS	A		-77,824	EMERGENCY		61	
43	PHYSICIAN RECRUITMENT	A		-21,853	OTHER ADMINISTRATIVE AND		6.04	
44	MISC. EXPENSE	A		-3,551	OTHER ADMINISTRATIVE AND		6.04	
45	DONATIONS EXPENSE	A		-3,558	OTHER ADMINISTRATIVE AND		6.04	
46	NON-ALLOWABLE ADVERTISING	A		-16,228	OTHER ADMINISTRATIVE AND		6.04	
47	LOBBYING EXPENSE	A		-6,626	OTHER ADMINISTRATIVE AND		6.04	
48	AUDIT ADJUSTMENT	A		-14,945	DIETARY		11	
49	AUDIT ADJUSTMENT	A		-25,000	NEW CAP REL COSTS-BLDG &		3	9
50	TOTAL (SUM OF LINES 1 THRU 49)			-475,461				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

1	2	3	4	5	6	7	8	9
WKSHT A	COST CENTER/	TOTAL	PROFES-	PROVIDER	RCE	PHYSICIAN/	UNADJUSTED	5 PERCENT OF
LINE NO.	PHYSICIAN	REMUN-	SIONAL	COMPONENT	AMOUNT	COMPONENT	RCE LIMIT	UNADJUSTED
1	IDENTIFIER	ERATION	COMPONENT	5	6	HOURS	8	RCE LIMIT
50	1	710	710					
61	CARDIAC REHAB							
	EMERGENCY ROOM	795,063	148,680	646,383				
101	TOTAL	795,773	149,390	646,383				

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	50 1 CARDIAC REHAB							710
2	61 EMERGENCY ROOM							148,680
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							149,390

RESPIRATORY THERAPY

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) 52
 (SEE INSTRUCTIONS)
 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 780
 3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR 366
 OR THERAPIST WAS ON PROVIDER SITE
 (SEE INSTRUCTIONS)
 4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY
 ASSISTANT WAS ON PROVIDER SITE BUT NEITHER
 SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE
 (SEE INSTRUCTIONS)
 5 NUMBER OF UNDUPLICATED OFFSITE VISITS -
 SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
 6 NUMBER OF UNDUPLICATED OFFSITE VISITS -
 THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY
 THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR
 THERAPIST WAS NOT PRESENT DURING THE VISIT(S))
 (SEE INSTRUCTIONS)
 7 STANDARD TRAVEL EXPENSE RATE
 8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9 TOTAL HOURS WORKED	1920.00	5257.00			
10 AHSEA (SEE INSTRUCTIONS)	62.15	49.42			
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	24.71	24.71			
12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1,
LINE 10) 119,328
 15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2,
LINE 10) 259,801
 16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3,
LINE 10)
 17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT 379,129
 OR LINES 14-16 FOR ALL OTHERS)
 18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)
 19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5,
LINE 10)
 20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT 379,129
 OR LINES 17 AND 18 FOR ALL OTHERS)

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES
 (SEE INSTRUCTIONS)
 22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES
 (SEE INSTRUCTIONS)
 23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 379,129

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
 STANDARD TRAVEL ALLOWANCE

24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11) 9,044
 25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
 26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS) 9,044
 27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES
3 AND 4)
 28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD 9,044
 TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES
26 AND 27)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF
COLUMNS 1 AND 2, LINE 12)
 30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3,
LINE 12)
 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 9,044

34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)

35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE

36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)

37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)

38 SUBTOTAL (SUM OF LINES 36 AND 37)

39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)

40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)

41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)

42 SUBTOTAL (SUM OF LINES 40 AND 41)

43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES; COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE

44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)

45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)

46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
52 DETERMINATION OF OVERTIME ALLOWANCE ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 379,129

58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 9,044

59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)

60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)

61 EQUIPMENT COST (SEE INSTRUCTIONS)

62 SUPPLIES (SEE INSTRUCTIONS)

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 388,173

64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 204,356

Health Financial Systems MCRIF32 FOR LAWRENCE COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(12/1999)

REASONABLE COST DETERMINATION FOR THERAPY I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008

SERVICES FURNISHED BY OUTSIDE SUPPLIERS I 14-1344 I FROM 7/ 1/2007 I WORKSHEET A-8-4

ON OR AFTER APRIL 10, 1998 I I TO 6/30/2008 I PARTS I - VII

RESPIRATORY THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF
NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES -	204,356
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I	
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I	
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	204,356
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

I PROVIDER NO:

I PERIOD:

I PREPARED 11/26/2008

I 14-1344

I FROM 7/ 1/2007

I NOT A CMS WORKSHEET

I

I TO 6/30/2008

I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	NOT ENTERED
6.01	PATIENT SERVICES	C	GROSS	CHARGES	NOT ENTERED
6.02	PURCHASING AND RECEIVING	14	COSTED	REQUIS.	ENTERED
6.03	COMMUNICATIONS	17	TIME	SPENT	ENTERED
6.04	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	6	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	19	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:
I 14-1344
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008 II PREPARED 11/26/2008
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	PATIENT SERVI CES	PURCHASING AN D RECEIVING	COMMUNICATION S
		0	3	4	5	6.01	6.02	6.03
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &	160,646	160,646					
005	NEW CAP REL COSTS-MVBLE E	401,554		401,554				
006	EMPLOYEE BENEFITS	1,402,315	891		1,403,206			
006 01	PATIENT SERVICES	483,318	7,636	5,376	88,329	584,659		
006 02	PURCHASING AND RECEIVING	60,014	2,903		20,578		83,495	
006 03	COMMUNICATIONS	42,910	250				2	43,162
006 04	OTHER ADMINISTRATIVE AND	903,542	3,396	57,821	38,430		3,024	6,470
007	MAINTENANCE & REPAIRS	224,595			40,608		2,472	1,079
008	OPERATION OF PLANT	168,605	34,313	2,670				
009	LAUNDRY & LINEN SERVICE	44,615	1,151					
010	HOUSEKEEPING	175,473	383		54,809		2,879	540
011	DIETARY	47,004	5,066	457	7,788		607	2,158
012	CAFETERIA	272,311	2,455	2,587	44,347		3,441	
014	NURSING ADMINISTRATION	115,706	1,562		41,097			1,079
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY	168,463	1,181		52,585			1,079
017	MEDICAL RECORDS & LIBRARY	210,180	3,652	5,303	64,355		799	4,856
018	SOCIAL SERVICE	76,441	1,001		24,548		725	
020	NONPHYSICIAN ANESTHETISTS	200,000						
025	INPAT ROUTINE SRVC CNTRS	864,463	21,638	21,500	266,107	50,299	15,937	3,777
031	ADULTS & PEDIATRICS	9,616	305	343	1,596	932	8	
037	SUBPROVIDER							
040	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM	205,065	12,229	33,468	38,260	33,941	8,794	2,698
041	ANESTHESIOLOGY	4,286				9,682	220	
041	RADIOLOGY-DIAGNOSTIC	808,335	7,334	218,277	68,962	139,011	8,866	2,698
044	LABORATORY	711,107	3,557	22,420	125,549	127,235	7,423	2,698
046	WHOLE BLOOD & PACKED RED	44,352	250			4,046		
049	RESPIRATORY THERAPY	213,814	2,558			20,255		2,698
050	PHYSICAL THERAPY	119,275	2,711	826	37,546	10,145	452	540
050 01	CARDIAC REHAB	38,183	1,522		5,697	549	1,589	540
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED	33,174				21,658	4,330	
056	DRUGS CHARGED TO PATIENTS	165,439		186		47,488	634	
059	OTHER ANCILLARY	15,707			3,150	762		
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC	452,557	9,819	584	78,212	4,614	9,718	2,698
062	EMERGENCY	972,130	6,212	5,955	143,863	87,870	3,979	4,316
062	OBSERVATION BEDS (NON-DIS							
065	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	451,493	6,167	23,781	131,288	26,172	3,576	1,619
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	10,266,688	140,142	401,554	1,377,704	584,659	79,475	41,543
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		390					
098	PHYSICIANS' PRIVATE OFFIC	244,406	12,094		16,387		2,784	1,079
098 01	RURAL HEALTH CLINC (NON-C	174,835			8,573		1,236	540
098 02	LSC	246,050	7,574		542			
100	OTHER NON REIMBURSABLE		446					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	10,931,979	160,646	401,554	1,403,206	584,659	83,495	43,162

I PROVIDER NO:
I 14-1344
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008I PREPARED 11/26/2008
I WORKSHEET B
I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & OPERATION OF REPAIRS	PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6a.03	6.04	7	8	9	10	11
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 PATIENT SERVICES							
006	02 PURCHASING AND RECEIVING							
006	03 COMMUNICATIONS							
006	04 OTHER ADMINISTRATIVE AND	1,012,683	1,012,683					
007	MAINTENANCE & REPAIRS	268,754	27,438	296,192				
008	OPERATION OF PLANT	205,588	20,989	69,814	296,391			
009	LAUNDRY & LINEN SERVICE	45,766	4,672	2,343	3,067	55,848		
010	HOUSEKEEPING	234,084	23,898	779	1,020		259,781	
011	DIETARY	63,080	6,440	10,308	13,496		34,543	127,867
012	CAFETERIA	325,141	33,194	4,996	6,541		6,110	
014	NURSING ADMINISTRATION	159,444	16,278	3,178	4,161		88	
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY	223,308	22,798	2,404	3,147			
017	MEDICAL RECORDS & LIBRARY	289,145	29,519	7,430	9,728		5,346	
018	SOCIAL SERVICE	102,715	10,486	2,037	2,667			
020	NONPHYSICIAN ANESTHETISTS	200,000	20,418					
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,243,721	126,974	44,027	57,643	34,897	58,073	125,725
031	SUBPROVIDER	12,800	1,307	621	813	6		2,142
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	334,455	34,145	24,883	32,579	4,841	27,993	
040	ANESTHESIOLOGY	14,188	1,448					
041	RADIOLOGY-DIAGNOSTIC	1,253,483	127,973	14,922	19,537	4,469	9,488	
044	LABORATORY	999,989	102,091	7,237	9,475		11,544	
046	WHOLE BLOOD & PACKED RED	48,648	4,967	509	667			
049	RESPIRATORY THERAPY	239,325	24,433	5,205	6,815		5,522	
050	PHYSICAL THERAPY	171,495	17,508	5,515	7,221	1,987	4,582	
050	01 CARDIAC REHAB	48,080	4,909	3,096	4,054		3,965	
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED	59,162	6,040					
056	DRUGS CHARGED TO PATIENTS	213,747	21,822					
059	OTHER ANCILLARY	19,619	2,003					
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	558,202	56,988	19,979	26,158		8,871	
061	EMERGENCY	1,224,325	124,994	12,640	16,550	8,185	25,731	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	644,096	65,757	12,549	16,429	1,463	59	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	10,215,043	939,489	254,472	241,768	55,848	201,915	127,867
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	390	40	794	1,040			
098	PHYSICIANS' PRIVATE OFFIC	276,750	28,254	24,608	32,219		57,866	
098	01 RURAL HEALTH CLINC (NON-C	185,184	18,906					
098	02 LSC	254,166	25,948	15,411	20,177			
100	OTHER NON REIMBURSABLE	446	46	907	1,187			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	10,931,979	1,012,683	296,192	296,391	55,848	259,781	127,867

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
		12	14	15	16	17	18	20
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 PATIENT SERVICES							
006	02 PURCHASING AND RECEIVING							
006	03 COMMUNICATIONS							
006	04 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	375,982						
014	NURSING ADMINISTRATION	8,355	191,504					
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY				251,657			
017	MEDICAL RECORDS & LIBRARY	33,421				374,589		
018	SOCIAL SERVICE	4,178					122,083	
020	NONPHYSICIAN ANESTHETISTS							220,418
025	INPAT ROUTINE SRVC CNTRS	96,082	124,221			169,519	122,083	
031	ADULTS & PEDIATRICS	4,178						
	SUBPROVIDER							
037	ANCILLARY SRVC COST CNTRS	12,533	15,187			25,634		
040	OPERATING ROOM							220,418
041	ANESTHESIOLOGY							
044	RADIOLOGY-DIAGNOSTIC	20,888				7,013		
046	LABORATORY	45,953						
049	WHOLE BLOOD & PACKED RED					4,837		
050	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	8,355	9,942					
050	01 CARDIAC REHAB	4,178						
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	8,355			251,657			
059	OTHER ANCILLARY							
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC	29,243						
062	EMERGENCY	33,421	42,154			167,102		
062	OBSERVATION BEDS (NON-DIS							
065	OTHER REIMBURS COST CNTRS	54,309						
065	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CENTERS	363,449	191,504		251,657	374,105	122,083	220,418
	SUBTOTALS							
096	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP					484		
098	PHYSICIANS' PRIVATE OFFIC	8,355						
098	01 RURAL HEALTH CLINC (NON-C	4,178						
098	02 LSC							
100	OTHER NON REIMBURSABLE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	375,982	191,504		251,657	374,589	122,083	220,418

		SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	COST CENTER DESCRIPTION	25	26	27
	GENERAL SERVICE COST CNTR			
003	NEW CAP REL COSTS-BLDG &			
004	NEW CAP REL COSTS-MVBLE E			
005	EMPLOYEE BENEFITS			
006	01 PATIENT SERVICES			
006	02 PURCHASING AND RECEIVING			
006	03 COMMUNICATIONS			
006	04 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	2,202,965		2,202,965
031	SUBPROVIDER	21,867		21,867
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	512,250		512,250
040	ANESTHESIOLOGY	236,054		236,054
041	RADIOLOGY-DIAGNOSTIC	1,457,773		1,457,773
044	LABORATORY	1,176,289		1,176,289
046	WHOLE BLOOD & PACKED RED	54,791		54,791
049	RESPIRATORY THERAPY	286,137		286,137
050	PHYSICAL THERAPY	226,605		226,605
050	01 CARDIAC REHAB	68,282		68,282
053	ELECTROCARDIOLOGY			
055	MEDICAL SUPPLIES CHARGED	65,202		65,202
056	DRUGS CHARGED TO PATIENTS	495,581		495,581
059	OTHER ANCILLARY	21,622		21,622
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	699,441		699,441
061	EMERGENCY	1,655,102		1,655,102
062	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
065	AMBULANCE SERVICES	794,662		794,662
	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	9,974,623		9,974,623
	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP	2,264		2,264
098	PHYSICIANS' PRIVATE OFFIC	428,536		428,536
098	01 RURAL HEALTH CLINC (NON-C	208,268		208,268
098	02 LSC	315,702		315,702
100	OTHER NON REIMBURSABLE	2,586		2,586
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	TOTAL	10,931,979		10,931,979

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	PATIENT SERVI CES 6.01	PURCHASING AN D RECEIVING 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 01 EMPLOYEE BENEFITS		891		891	891		
006 02 PATIENT SERVICES		7,636	5,376	13,012	56	13,068	
006 03 PURCHASING AND RECEIVING		2,903		2,903	13		2,916
006 04 COMMUNICATIONS		250		250			
007 04 OTHER ADMINISTRATIVE AND		3,396	57,821	61,217	24		106
008 MAINTENANCE & REPAIRS					26		86
008 OPERATION OF PLANT		34,313	2,670	36,983			
009 LAUNDRY & LINEN SERVICE		1,151		1,151			
010 HOUSEKEEPING		383		383	35		101
011 DIETARY		5,066	457	5,523	5		21
012 CAFETERIA		2,455	2,587	5,042	28		120
014 NURSING ADMINISTRATION		1,562		1,562	26		
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY		1,181		1,181	33		
017 MEDICAL RECORDS & LIBRARY		3,652	5,303	8,955	41		28
018 SOCIAL SERVICE		1,001		1,001	16		25
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS		21,638	21,500	43,138	170	1,124	558
031 ADULTS & PEDIATRICS		305	343	648	1	21	
037 SUBPROVIDER							
040 ANCILLARY SRVC COST CNTRS		12,229	33,468	45,697	24	759	307
041 OPERATING ROOM						216	8
044 ANESTHESIOLOGY		7,334	218,277	225,611	44	3,107	310
046 RADIOLOGY-DIAGNOSTIC		3,557	22,420	25,977	80	2,844	259
049 LABORATORY		250		250		90	
050 WHOLE BLOOD & PACKED RED		2,558		2,558		453	
050 RESPIRATORY THERAPY		2,711	826	3,537	24	227	16
050 01 PHYSICAL THERAPY		1,522		1,522	4	12	55
053 CARDIAC REHAB							
055 ELECTROCARDIOLOGY						484	151
056 MEDICAL SUPPLIES CHARGED			186	186		1,062	22
059 DRUGS CHARGED TO PATIENTS					2	17	
060 OTHER ANCILLARY							
061 OUTPAT SERVICE COST CNTRS		9,819	584	10,403	50	103	339
062 CLINIC		6,212	5,955	12,167	91	1,964	139
065 EMERGENCY							
095 OBSERVATION BEDS (NON-DIS		6,167	23,781	29,948	83	585	125
098 AMBULANCE SERVICES							
098 SPEC PURPOSE COST CENTERS		140,142	401,554	541,696	876	13,068	2,776
098 SUBTOTALS							
096 NONREIMBURS COST CENTERS		390		390			
098 GIFT, FLOWER, COFFEE SHOP		12,094		12,094	10		97
098 PHYSICIANS' PRIVATE OFFIC					5		43
098 01 RURAL HEALTH CLINC (NON-C		7,574		7,574			
100 02 LSC		446		446			
101 OTHER NON REIMBURSABLE							
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		160,646	401,554	562,200	891	13,068	2,916

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		COMMUNICATION S	OTHER ADMINIS TRATIVE AND	MAINTENANCE & OPERATION OF REPAIRS	PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6.03	6.04	7	8	9	10	11
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 PATIENT SERVICES							
006	02 PURCHASING AND RECEIVING							
006	03 COMMUNICATIONS	250						
006	04 OTHER ADMINISTRATIVE AND	37	61,384					
007	MAINTENANCE & REPAIRS	6	1,663	1,781				
008	OPERATION OF PLANT		1,272	419	38,674			
009	LAUNDRY & LINEN SERVICE		283	14	400	1,848		
010	HOUSEKEEPING	3	1,449	5	133		2,109	
011	DIETARY	13	390	62	1,761		280	8,055
012	CAFETERIA		2,012	30	854		50	
014	NURSING ADMINISTRATION	6	987	19	543		1	
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY	6	1,382	14	411			
017	MEDICAL RECORDS & LIBRARY	28	1,789	45	1,269		43	
018	SOCIAL SERVICE		636	12	348			
020	NONPHYSICIAN ANESTHETISTS		1,238					
025	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS	22	7,696	265	7,522	1,155	472	7,920
	SUBPROVIDER		79	4	106			135
037	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM	16	2,070	150	4,251	160	227	
041	ANESTHESIOLOGY		88					
041	RADIOLOGY-DIAGNOSTIC	16	7,758	90	2,549	148	77	
044	LABORATORY	16	6,188	44	1,236		94	
046	WHOLE BLOOD & PACKED RED		301	3	87			
049	RESPIRATORY THERAPY	16	1,481	31	889		45	
050	PHYSICAL THERAPY	3	1,061	33	942	66	37	
050	01 CARDIAC REHAB	3	298	19	529		32	
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED		366					
056	DRUGS CHARGED TO PATIENTS		1,323					
059	OTHER ANCILLARY		121					
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	16	3,454	120	3,413		72	
061	EMERGENCY	25	7,576	76	2,159	271	209	
062	OBSERVATION BEDS (NON-DIS							
065	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	9	3,986	75	2,144	48		
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	241	56,947	1,530	31,546	1,848	1,639	8,055
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		2	5	136			
098	PHYSICIANS' PRIVATE OFFIC	6	1,713	148	4,204		470	
098	01 RURAL HEALTH CLINC (NON-C	3	1,146					
098	02 LSC		1,573	93	2,633			
100	OTHER NON REIMBURSABLE		3	5	155			
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	250	61,384	1,781	38,674	1,848	2,109	8,055

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
		12	14	15	16	17	18		20
003	GENERAL SERVICE COST CNTR								
004	NEW CAP REL COSTS-BLDG &								
005	NEW CAP REL COSTS-MVBLE E								
006	EMPLOYEE BENEFITS								
006	01 PATIENT SERVICES								
006	02 PURCHASING AND RECEIVING								
006	03 COMMUNICATIONS								
006	04 OTHER ADMINISTRATIVE AND								
007	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT								
009	LAUNDRY & LINEN SERVICE								
010	HOUSEKEEPING								
011	DIETARY								
012	CAFETERIA	8,136							
014	NURSING ADMINISTRATION	181	3,325						
015	CENTRAL SERVICES & SUPPLY								
016	PHARMACY				3,027				
017	MEDICAL RECORDS & LIBRARY	723				12,921			
018	SOCIAL SERVICE	90					2,128		
020	NONPHYSICIAN ANESTHETISTS								1,238
025	INPAT ROUTINE SRVC CNTRS								
031	ADULTS & PEDIATRICS	2,081	2,156			5,847	2,128		
	SUBPROVIDER	90							
037	ANCILLARY SRVC COST CNTRS								
040	OPERATING ROOM	271	264			884			
041	ANESTHESIOLOGY								
044	RADIOLOGY-DIAGNOSTIC	452				242			
044	LABORATORY	994							
046	WHOLE BLOOD & PACKED RED								
049	RESPIRATORY THERAPY					167			
050	PHYSICAL THERAPY	181	173						
050	01 CARDIAC REHAB	90							
053	ELECTROCARDIOLOGY								
055	MEDICAL SUPPLIES CHARGED								
056	DRUGS CHARGED TO PATIENTS	181			3,027				
059	OTHER ANCILLARY								
060	OUTPAT SERVICE COST CNTRS								
061	CLINIC	633							
061	EMERGENCY	723	732			5,764			
062	OBSERVATION BEDS (NON-DIS								
065	OTHER REIMBURS COST CNTRS								
	AMBULANCE SERVICES	1,175							
	SPEC PURPOSE COST CENTERS								
095	SUBTOTALS	7,865	3,325		3,027	12,904	2,128		
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP								
098	PHYSICIANS' PRIVATE OFFIC	181				17			
098	01 RURAL HEALTH CLINC (NON-C	90							
098	02 LSC								
100	OTHER NON REIMBURSABLE								1,238
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL	8,136	3,325		3,027	12,921	2,128		1,238

	COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
	GENERAL SERVICE COST CNTR			
003	NEW CAP REL COSTS-BLDG &			
004	NEW CAP REL COSTS-MVBLE E			
005	EMPLOYEE BENEFITS			
006	01 PATIENT SERVICES			
006	02 PURCHASING AND RECEIVING			
006	03 COMMUNICATIONS			
006	04 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	82,254		82,254
031	SUBPROVIDER	1,084		1,084
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	55,080		55,080
040	ANESTHESIOLOGY	312		312
041	RADIOLOGY-DIAGNOSTIC	240,404		240,404
044	LABORATORY	37,732		37,732
046	WHOLE BLOOD & PACKED RED	731		731
049	RESPIRATORY THERAPY	5,640		5,640
050	PHYSICAL THERAPY	6,300		6,300
050	01 CARDIAC REHAB	2,564		2,564
053	ELECTROCARDIOLOGY			
055	MEDICAL SUPPLIES CHARGED	1,001		1,001
056	DRUGS CHARGED TO PATIENTS	5,801		5,801
059	OTHER ANCILLARY	140		140
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	18,603		18,603
061	EMERGENCY	31,896		31,896
062	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
065	AMBULANCE SERVICES	38,178		38,178
	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	527,720		527,720
	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP	533		533
098	PHYSICIANS' PRIVATE OFFIC	18,940		18,940
098	01 RURAL HEALTH CLINC (NON-C	1,287		1,287
098	02 LSC	11,873		11,873
100	OTHER NON REIMBURSABLE	609		609
101	CROSS FOOT ADJUSTMENTS	1,238		1,238
102	NEGATIVE COST CENTER			
103	TOTAL	562,200		562,200

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	PATIENT SERVI CES	PURCHASING AN D RECEIVING	COMMUNICATION S
		(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES	(GROSS CHARGES	(COSTED EQUIS.	R(TIME SPENT
		3	4	5	6.01	6.02	6.03
GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD	64,183					
004	NEW CAP REL COSTS-MVB		314,475				
005	EMPLOYEE BENEFITS	356		3,859,405			
006 01	PATIENT SERVICES	3,051	4,210	242,941	20,137,138		
006 02	PURCHASING AND RECEIV	1,160		56,598		710,279	
006 03	COMMUNICATIONS	100				15	80
006 04	OTHER ADMINISTRATIVE	1,357	45,282	105,698		25,724	12
007	MAINTENANCE & REPAIRS			111,689		21,031	2
008	OPERATION OF PLANT	13,708	2,091				
009	LAUNDRY & LINEN SERVI	460					
010	HOUSEKEEPING	153		150,749		24,495	1
011	DIETARY	2,024	358	21,420		5,166	4
012	CAFETERIA	981	2,026	121,973		29,275	
014	NURSING ADMINISTRATIO	624		113,035			2
015	CENTRAL SERVICES & SU						
016	PHARMACY	472		144,632			2
017	MEDICAL RECORDS & LIB	1,459	4,153	177,003		6,798	9
018	SOCIAL SERVICE	400		67,517		6,169	
020	NONPHYSICIAN ANESTHET						
025	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	8,645	16,838	731,904	1,732,423	135,574	7
031	SUBPROVIDER	122	269	4,391	32,104	68	
037	ANCILLARY SRVC COST C						
037	OPERATING ROOM	4,886	26,210	105,231	1,169,014	74,806	5
040	ANESTHESIOLOGY				333,468	1,875	
041	RADIOLOGY-DIAGNOSTIC	2,930	170,942	189,674	4,787,920	75,422	5
044	LABORATORY	1,421	17,558	345,313	4,382,291	63,149	5
046	WHOLE BLOOD & PACKED	100			139,340		
049	RESPIRATORY THERAPY	1,022			697,644		5
050	PHYSICAL THERAPY	1,083	647	103,268	349,428	3,843	1
050 01	CARDIAC REHAB	608		15,668	18,906	13,514	1
053	ELECTROCARDIOLOGY						
055	MEDICAL SUPPLIES CHAR				745,951	36,831	
056	DRUGS CHARGED TO PATI		146		1,635,611	5,392	
059	OTHER ANCILLARY			8,663	26,237		
060	OUTPAT SERVICE COST C						
060	CLINIC	3,923	457	215,115	158,920	82,674	5
061	EMERGENCY	2,482	4,664	395,683	3,026,438	33,847	8
062	OBSERVATION BEDS (NON						
065	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES	2,464	18,624	361,098	901,443	30,417	3
095	SPEC PURPOSE COST CEN						
095	SUBTOTALS	55,991	314,475	3,789,263	20,137,138	676,085	77
096	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	156					
098	PHYSICIANS' PRIVATE O	4,832		45,071		23,682	2
098 01	RURAL HEALTH CLINC (N			23,579		10,512	1
098 02	LSC	3,026		1,492			
100	OTHER NON REIMBURSABL	178					
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	160,646	401,554	1,403,206	584,659	83,495	43,162
104	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	2.502937		.363581		.117552	
105	(WRKSHT B, PT I)		1.276903		.029034		539.525000
106	COST TO BE ALLOCATED						
106	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
107	(WRKSHT B, PT II)			891	13,068	2,916	250
107	COST TO BE ALLOCATED						
108	(WRKSHT B, PART III)			.000231		.004105	
108	UNIT COST MULTIPLIER				.000649		3.125000
108	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY		
		RECONCIL- IATION	(ACCUM. COST)	(SQUARE FEET	(SQUARE) FEET	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE	(MEALS)ERVED	5)
		6a.04	6.04	7	8	9	10	11	
GENERAL SERVICE COST									
003	NEW CAP REL COSTS-BLD								
004	NEW CAP REL COSTS-MVB								
005	EMPLOYEE BENEFITS								
006	01 PATIENT SERVICES								
006	02 PURCHASING AND RECEIV								
006	03 COMMUNICATIONS								
006	04 OTHER ADMINISTRATIVE	-1,012,683	9,919,296						
007	MAINTENANCE & REPAIRS		268,754	58,159					
008	OPERATION OF PLANT		205,588	13,708	44,451				
009	LAUNDRY & LINEN SERVI		45,766	460	460	87,855			
010	HOUSEKEEPING		234,084	153	153		8,844		
011	DIETARY		63,080	2,024	2,024		1,176	2,447	
012	CAFETERIA		325,141	981	981		208		
014	NURSING ADMINISTRATIO		159,444	624	624		3		
015	CENTRAL SERVICES & SU								
016	PHARMACY		223,308	472	472				
017	MEDICAL RECORDS & LIB		289,145	1,459	1,459		182		
018	SOCIAL SERVICE		102,715	400	400				
020	NONPHYSICIAN ANESTHET		200,000						
	INPAT ROUTINE SRVC CN								
025	ADULTS & PEDIATRICS		1,243,721	8,645	8,645	54,897	1,977	2,406	
031	SUBPROVIDER		12,800	122	122	9		41	
	ANCILLARY SRVC COST C								
037	OPERATING ROOM		334,455	4,886	4,886	7,616	953		
040	ANESTHESIOLOGY		14,188						
041	RADIOLOGY-DIAGNOSTIC		1,253,483	2,930	2,930	7,031	323		
044	LABORATORY		999,989	1,421	1,421		393		
046	WHOLE BLOOD & PACKED		48,648	100	100				
049	RESPIRATORY THERAPY		239,325	1,022	1,022		188		
050	PHYSICAL THERAPY		171,495	1,083	1,083	3,125	156		
050	01 CARDIAC REHAB		48,080	608	608		135		
053	ELECTROCARDIOLOGY								
055	MEDICAL SUPPLIES CHAR		59,162						
056	DRUGS CHARGED TO PATI		213,747						
059	OTHER ANCILLARY		19,619						
	OUTPAT SERVICE COST C								
060	CLINIC		558,202	3,923	3,923		302		
061	EMERGENCY		1,224,325	2,482	2,482	12,876	876		
062	OBSERVATION BEDS (NON								
	OTHER REIMBURS COST C								
065	AMBULANCE SERVICES		644,096	2,464	2,464	2,301	2		
	SPEC PURPOSE COST CEN								
095	SUBTOTALS	-1,012,683	9,202,360	49,967	36,259	87,855	6,874	2,447	
	NONREIMBURS COST CENT								
096	GIFT, FLOWER, COFFEE		390	156	156				
098	PHYSICIANS' PRIVATE O		276,750	4,832	4,832		1,970		
098	01 RURAL HEALTH CLINC (N		185,184						
098	02 LSC		254,166	3,026	3,026				
100	OTHER NON REIMBURSABL		446	178	178				
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED		1,012,683	296,192	296,391	55,848	259,781	127,867	
	(WRKSHT B, PART I)								
104	UNIT COST MULTIPLIER		.102092		6.667814		29.373700		
	(WRKSHT B, PT I)			5.092797		.635684		52.254597	
105	COST TO BE ALLOCATED								
	(WRKSHT B, PART II)								
106	UNIT COST MULTIPLIER								
	(WRKSHT B, PT II)								
107	COST TO BE ALLOCATED		61,384	1,781	38,674	1,848	2,109	8,055	
	(WRKSHT B, PART III								
108	UNIT COST MULTIPLIER		.006188		.870037		.238467		
	(WRKSHT B, PT III)			.030623		.021035		3.291786	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
(FTE'S	(DIRECT)SING HRS	NR(COSTED)EQUIS.	R(COSTED)EQUIS.	R(TIME)SPENT	(TIME)SPENT	(ASSIGNED) TIME)
12	14	15	16	17	18	20	
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 PATIENT SERVICES							
006 02 PURCHASING AND RECEIV							
006 03 COMMUNICATIONS							
006 04 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	90						
014 NURSING ADMINISTRATIO	2	74,486					
015 CENTRAL SERVICES & SU			604,573				
016 PHARMACY				100			
017 MEDICAL RECORDS & LIB	8		6,798		1,549		
018 SOCIAL SERVICE	1		6,169			100	
020 NONPHYSICIAN ANESTHET							100
025 INPAT ROUTINE SRVC CN							
031 ADULTS & PEDIATRICS	23	48,316	135,574		701	100	
SUBPROVIDER	1		68				
037 ANCILLARY SRVC COST C							
040 OPERATING ROOM	3	5,907	74,806		106		
041 ANESTHESIOLOGY			1,875				100
044 RADIOLOGY-DIAGNOSTIC	5		75,422		29		
046 LABORATORY	11		63,149				
049 WHOLE BLOOD & PACKED					20		
050 RESPIRATORY THERAPY	2	3,867	3,843				
050 01 PHYSICAL THERAPY	1		13,514				
053 CARDIAC REHAB							
055 ELECTROCARDIOLOGY			36,831				
056 MEDICAL SUPPLIES CHAR	2		5,392	100			
059 DRUGS CHARGED TO PATI							
OTHER ANCILLARY							
060 OUTPAT SERVICE COST C	7		82,674				
061 CLINIC	8	16,396	33,847		691		
062 EMERGENCY							
OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C			30,417				
AMBULANCE SERVICES	13						
095 SPEC PURPOSE COST CEN							
SUBTOTALS	87	74,486	570,379	100	1,547	100	100
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O	2		23,682		2		
098 01 RURAL HEALTH CLINC (N	1		10,512				
098 02 LSC							
100 OTHER NON REIMBURSABL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	375,982	191,504		251,657	374,589	122,083	220,418
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		2.571007		2,516.570000	1,220.830000		2,204.180000
(WRKSHT B, PT I)	4,177.577778				241.826340		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	8,136	3,325		3,027	12,921	2,128	1,238
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.044639		30.270000	21.280000		
(WRKSHT B, PT III)	90.400000				8.341511		12.380000

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
31	ADULTS & PEDIATRICS	2,202,965		2,202,965		
	SUBPROVIDER	21,867		21,867		
37	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	512,250		512,250		
41	ANESTHESIOLOGY	236,054		236,054		
44	RADIOLOGY-DIAGNOSTIC	1,457,773		1,457,773		
46	LABORATORY	1,176,289		1,176,289		
49	WHOLE BLOOD & PACKED RED	54,791		54,791		
50	RESPIRATORY THERAPY	286,137		286,137		
50	PHYSICAL THERAPY	226,605		226,605		
50 01	CARDIAC REHAB	68,282		68,282		
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	65,202		65,202		
56	DRUGS CHARGED TO PATIENTS	495,581		495,581		
59	OTHER ANCILLARY	21,622		21,622		
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC	699,441		699,441		
62	EMERGENCY	1,655,102		1,655,102		
	OBSERVATION BEDS (NON-DIS	48,940		48,940		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	794,662		794,662		
101	SUBTOTAL	10,023,563		10,023,563		
102	LESS OBSERVATION BEDS	48,940		48,940		
103	TOTAL	9,974,623		9,974,623		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS	1,695,498		1,695,498			
31	ADULTS & PEDIATRICS	32,104		32,104			
	SUBPROVIDER						
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	118,598	1,050,416	1,169,014	.438190	.438190	
41	ANESTHESIOLOGY	33,244	300,224	333,468	.707876	.707876	
44	RADIOLOGY-DIAGNOSTIC	669,311	4,118,609	4,787,920	.304469	.304469	
46	LABORATORY	807,189	3,575,102	4,382,291	.268419	.268419	
49	WHOLE BLOOD & PACKED RED	116,277	23,063	139,340	.393218	.393218	
50	RESPIRATORY THERAPY	425,694	271,950	697,644	.410148	.410148	
50	PHYSICAL THERAPY	96,670	252,758	349,428	.648503	.648503	
53	01 CARDIAC REHAB		18,906	18,906	3.611658	3.611658	
55	ELECTROCARDIOLOGY						
56	MEDICAL SUPPLIES CHARGED	714,095	31,856	745,951	.087408	.087408	
59	DRUGS CHARGED TO PATIENTS	1,239,501	396,110	1,635,611	.302994	.302994	
	OTHER ANCILLARY		26,237	26,237	.824103	.824103	
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC		158,920	158,920	4.401214	4.401214	
62	EMERGENCY	117,796	2,908,642	3,026,438	.546881	.546881	
	OBSERVATION BEDS (NON-DIS	1,857	35,068	36,925	1.325389	1.325389	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	423	901,020	901,443	.881544	.881544	
101	SUBTOTAL	6,068,257	14,068,881	20,137,138			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,068,257	14,068,881	20,137,138			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS	2,202,965		2,202,965		
31	ADULTS & PEDIATRICS	21,867		21,867		
	SUBPROVIDER					
37	ANCILLARY SRVC COST CNTRS	512,250		512,250		
40	OPERATING ROOM	236,054		236,054		
41	ANESTHESIOLOGY	1,457,773		1,457,773		
44	RADIOLOGY-DIAGNOSTIC	1,176,289		1,176,289		
46	LABORATORY	54,791		54,791		
49	WHOLE BLOOD & PACKED RED	286,137		286,137		
50	RESPIRATORY THERAPY	226,605		226,605		
50	PHYSICAL THERAPY	68,282		68,282		
50 01	CARDIAC REHAB					
53	ELECTROCARDIOLOGY	65,202		65,202		
55	MEDICAL SUPPLIES CHARGED	495,581		495,581		
56	DRUGS CHARGED TO PATIENTS	21,622		21,622		
59	OTHER ANCILLARY					
60	OUTPAT SERVICE COST CNTRS	699,441		699,441		
61	CLINIC	1,655,102		1,655,102		
62	EMERGENCY	48,940		48,940		
	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS	794,662		794,662		
65	AMBULANCE SERVICES	10,023,563		10,023,563		
101	SUBTOTAL	48,940		48,940		
102	LESS OBSERVATION BEDS	9,974,623		9,974,623		
103	TOTAL					

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 14-1344
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008 II PREPARED 11/26/2008
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS	1,695,498		1,695,498			
31	ADULTS & PEDIATRICS	32,104		32,104			
	SUBPROVIDER						
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	118,598	1,050,416	1,169,014	.438190	.438190	
41	ANESTHESIOLOGY	33,244	300,224	333,468	.707876	.707876	
44	RADIOLOGY-DIAGNOSTIC	669,311	4,118,609	4,787,920	.304469	.304469	
46	LABORATORY	807,189	3,575,102	4,382,291	.268419	.268419	
49	WHOLE BLOOD & PACKED RED	116,277	23,063	139,340	.393218	.393218	
50	RESPIRATORY THERAPY	425,694	271,950	697,644	.410148	.410148	
50	PHYSICAL THERAPY	96,670	252,758	349,428	.648503	.648503	
50	CARDIAC REHAB		18,906	18,906	3.611658	3.611658	
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	714,095	31,856	745,951	.087408	.087408	
56	DRUGS CHARGED TO PATIENTS	1,239,501	396,110	1,635,611	.302994	.302994	
59	OTHER ANCILLARY		26,237	26,237	.824103	.824103	
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC		158,920	158,920	4.401214	4.401214	
62	EMERGENCY	117,796	2,908,642	3,026,438	.546881	.546881	
	OBSERVATION BEDS (NON-DIS	1,857	35,068	36,925	1.325389	1.325389	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	423	901,020	901,443	.881544	.881544	
101	SUBTOTAL	6,068,257	14,068,881	20,137,138			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,068,257	14,068,881	20,137,138			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	512,250	55,080	457,170			512,250
40	OPERATING ROOM	236,054	312	235,742			236,054
41	ANESTHESIOLOGY	1,457,773	240,404	1,217,369			1,457,773
44	RADIOLOGY-DIAGNOSTIC	1,176,289	37,732	1,138,557			1,176,289
46	LABORATORY	54,791	731	54,060			54,791
49	WHOLE BLOOD & PACKED RED	286,137	5,640	280,497			286,137
50	RESPIRATORY THERAPY	226,605	6,300	220,305			226,605
50	PHYSICAL THERAPY	68,282	2,564	65,718			68,282
53	CARDIAC REHAB						
55	ELECTROCARDIOLOGY	65,202	1,001	64,201			65,202
56	MEDICAL SUPPLIES CHARGED	495,581	5,801	489,780			495,581
59	DRUGS CHARGED TO PATIENTS	21,622	140	21,482			21,622
	OTHER ANCILLARY						
60	OUTPAT SERVICE COST CNTRS	699,441	18,603	680,838			699,441
61	CLINIC	1,655,102	31,896	1,623,206			1,655,102
62	EMERGENCY	48,940		48,940			48,940
	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS	794,662	38,178	756,484			794,662
101	AMBULANCE SERVICES	7,798,731	444,382	7,354,349			7,798,731
102	SUBTOTAL	48,940		48,940			48,940
103	LESS OBSERVATION BEDS	7,749,791	444,382	7,305,409			7,749,791
	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,169,014	.438190	.438190
40	ANESTHESIOLOGY	333,468	.707876	.707876
41	RADIOLOGY-DIAGNOSTIC	4,787,920	.304469	.304469
44	LABORATORY	4,382,291	.268419	.268419
46	WHOLE BLOOD & PACKED RED	139,340	.393218	.393218
49	RESPIRATORY THERAPY	697,644	.410148	.410148
50	PHYSICAL THERAPY	349,428	.648503	.648503
50 01	CARDIAC REHAB	18,906	3.611658	3.611658
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	745,951	.087408	.087408
56	DRUGS CHARGED TO PATIENTS	1,635,611	.302994	.302994
59	OTHER ANCILLARY	26,237	.824103	.824103
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	158,920	4.401214	4.401214
61	EMERGENCY	3,026,438	.546881	.546881
62	OBSERVATION BEDS (NON-DIS	36,925	1.325389	1.325389
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	901,443	.881544	.881544
101	SUBTOTAL	18,409,536		
102	LESS OBSERVATION BEDS	36,925		
103	TOTAL	18,372,611		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	512,250	55,080	457,170			512,250
40	OPERATING ROOM	236,054	312	235,742			236,054
41	ANESTHESIOLOGY	1,457,773	240,404	1,217,369			1,457,773
44	RADIOLOGY-DIAGNOSTIC	1,176,289	37,732	1,138,557			1,176,289
46	LABORATORY	54,791	731	54,060			54,791
49	WHOLE BLOOD & PACKED RED	286,137	5,640	280,497			286,137
50	RESPIRATORY THERAPY	226,605	6,300	220,305			226,605
50	PHYSICAL THERAPY	68,282	2,564	65,718			68,282
50	01 CARDIAC REHAB						
53	ELECTROCARDIOLOGY	65,202	1,001	64,201			65,202
55	MEDICAL SUPPLIES CHARGED	495,581	5,801	489,780			495,581
56	DRUGS CHARGED TO PATIENTS	21,622	140	21,482			21,622
59	OTHER ANCILLARY						
60	OUTPAT SERVICE COST CNTRS	699,441	18,603	680,838			699,441
61	CLINIC	1,655,102	31,896	1,623,206			1,655,102
62	EMERGENCY	48,940		48,940			48,940
65	OBSERVATION BEDS (NON-DIS						
101	OTHER REIMBURS COST CNTRS	794,662	38,178	756,484			794,662
102	AMBULANCE SERVICES	7,798,731	444,382	7,354,349			7,798,731
103	SUBTOTAL	48,940		48,940			48,940
	LESS OBSERVATION BEDS	7,749,791	444,382	7,305,409			7,749,791
	TOTAL						

Health Financial Systems MCRIF32 FOR LAWRENCE COUNTY MEMORIAL HOSPITAL **NOT A CMS WORKSHEET ** (09/2000)
 CALCULATION OF OUTPATIENT SERVICE COST TO I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 CHARGE RATIOS NET OF REDUCTIONS I 14-1344 I FROM 7/ 1/2007 I WORKSHEET C
 SPECIAL TITLE XIX WORKSHEET I TO 6/30/2008 I PART II

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
37	ANCILLARY SRVC COST CNTRS			
40	OPERATING ROOM	1,169,014	.438190	.438190
41	ANESTHESIOLOGY	333,468	.707876	.707876
44	RADIOLOGY-DIAGNOSTIC	4,787,920	.304469	.304469
46	LABORATORY	4,382,291	.268419	.268419
49	WHOLE BLOOD & PACKED RED	139,340	.393218	.393218
50	RESPIRATORY THERAPY	697,644	.410148	.410148
50	PHYSICAL THERAPY	349,428	.648503	.648503
50	01 CARDIAC REHAB	18,906	3.611658	3.611658
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	745,951	.087408	.087408
56	DRUGS CHARGED TO PATIENTS	1,635,611	.302994	.302994
59	OTHER ANCILLARY	26,237	.824103	.824103
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	158,920	4.401214	4.401214
62	EMERGENCY	3,026,438	.546881	.546881
65	OBSERVATION BEDS (NON-DIS	36,925	1.325389	1.325389
101	OTHER REIMBURS COST CNTRS			
102	AMBULANCE SERVICES	901,443	.881544	.881544
103	SUBTOTAL	18,409,536		
	LESS OBSERVATION BEDS	36,925		
	TOTAL	18,372,611		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS	512,250		512,250	1,169,014			
40	OPERATING ROOM	236,054		236,054	333,468			
41	ANESTHESIOLOGY	1,457,773		1,457,773	4,787,920			
44	RADIOLOGY-DIAGNOSTIC	1,176,289		1,176,289	4,382,291			
46	LABORATORY	54,791		54,791	139,340			
49	WHOLE BLOOD & PACKED RED	286,137		286,137	697,644			
50	RESPIRATORY THERAPY	226,605		226,605	349,428			
50	PHYSICAL THERAPY	68,282	710	68,992	18,906			
53	CARDIAC REHAB							
55	ELECTROCARDIOLOGY	65,202		65,202	745,951			
56	MEDICAL SUPPLIES CHARGED	495,581		495,581	1,635,611			
59	DRUGS CHARGED TO PATIENTS	21,622		21,622	26,237			
	OTHER ANCILLARY							
60	OUTPAT SERVICE COST CNTRS	699,441		699,441	158,920			
61	CLINIC	1,655,102	148,680	1,803,782	3,026,438			
62	EMERGENCY	48,940		48,940	36,925			
	OBSERVATION BEDS (NON-DIS							
65	OTHER REIMBURS COST CNTRS	794,662		794,662	901,443			
101	AMBULANCE SERVICES	7,798,731	149,390	7,948,121	18,409,536			
102	TOTAL							
103	TOTAL OUTPATIENT VISITS							
104	AGGREGATE COST PER VISIT							
105	TITLE V OUTPATIENT VISITS							
106	TITLE XVIII OUTPAT VISITS							
107	TITLE XIX OUTPAT VISITS							
108	TITLE V OUTPAT COSTS							
109	TITLE XVIII OUTPAT COSTS							
	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				82,254	18,504	63,750
31	ADULTS & PEDIATRICS				1,084		1,084
101	SUBPROVIDER				83,338		64,834
	TOTAL						

Health Financial Systems MCRIF32 FOR LAWRENCE COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)
 APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 14-1344 I FROM 7/ 1/2007 I WORKSHEET D
 I TO 6/30/2008 I PART I

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	2,477	1,763			25.74	45,380
31	ADULTS & PEDIATRICS	41	41			26.44	1,084
101	SUBPROVIDER	2,518	1,804				46,464
	TOTAL						

Health Financial Systems MCRIF32 FOR LAWRENCE COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008

SERVICE OTHER PASS THROUGH COSTS I 14-1344 I FROM 7/ 1/2007 I WORKSHEET D

TITLE XVIII, PART A I I TO 6/30/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS					2,477	
31	ADULTS & PEDIATRICS					41	
101	SUBPROVIDER					2,518	
	TOTAL						

Health Financial Systems	MCRIF32	FOR LAWRENCE COUNTY MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96(11/1998)
		I PROVIDER NO:	I PERIOD:
APPORTIONMENT OF INPATIENT ROUTINE		I 14-1344	I FROM 7/ 1/2007
SERVICE OTHER PASS THROUGH COSTS			I TO 6/30/2008
TITLE XVIII, PART A			I PREPARED 11/26/2008
			I WORKSHEET D
			I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	1,763	
31	SUBPROVIDER	41	
101	TOTAL	1,804	

TITLE XVIII, PART B

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.438190		.438190		
40 ANESTHESIOLOGY	.707876		.707876		
41 RADIOLOGY-DIAGNOSTIC	.304469		.304469		
44 LABORATORY	.268419		.268419		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.393218		.393218		
49 RESPIRATORY THERAPY	.410148		.410148		
50 PHYSICAL THERAPY	.648503		.648503		
50 01 CARDIAC REHAB	3.611658		3.611658		
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.087408		.087408		
56 DRUGS CHARGED TO PATIENTS	.302994		.302994		
59 OTHER ANCILLARY	.824103		.824103		
OUTPAT SERVICE COST CNTRS					
60 CLINIC	4.401214		4.401214		
61 EMERGENCY	.546881		.546881		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.325389		1.325389		
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.881544		.881544		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

		Other Outpatient Diagnostic	All other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	Cost Center Description	4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		440,974			
40	ANESTHESIOLOGY		122,047			
41	RADIOLOGY-DIAGNOSTIC		1,477,563			
44	LABORATORY		1,267,129			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		19,295			
49	RESPIRATORY THERAPY		101,130			
50	PHYSICAL THERAPY		110,089			
50 01	CARDIAC REHAB		13,725			
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		31,856			
56	DRUGS CHARGED TO PATIENTS		223,371			
59	OTHER ANCILLARY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		41,204			
61	EMERGENCY		758,080			
62	OBSERVATION BEDS (NON-DISTINCT PART)		100,733			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		4,707,196			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS--					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		4,707,196			

TITLE XVIII, PART B

HOSPITAL

All Other

Hospital I/P
Part B Charges

Hospital I/P
Part B Costs

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	193,230		
40 ANESTHESIOLOGY	86,394		
41 RADIOLOGY-DIAGNOSTIC	449,872		
44 LABORATORY	340,121		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,587		
49 RESPIRATORY THERAPY	41,478		
50 PHYSICAL THERAPY	71,393		
50 01 CARDIAC REHAB	49,570		
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,784		
56 DRUGS CHARGED TO PATIENTS	67,680		
59 OTHER ANCILLARY			
OUTPAT SERVICE COST CNTRS			
60 CLINIC	181,348		
61 EMERGENCY	414,580		
62 OBSERVATION BEDS (NON-DISTINCT PART)	133,510		
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL	2,039,547		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS--			
PROGRAM ONLY CHARGES			
104 NET CHARGES	2,039,547		

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS		55,080	1,169,014			
40	OPERATING ROOM		312	333,468			
41	ANESTHESIOLOGY		240,404	4,787,920	2,056		
44	RADIOLOGY-DIAGNOSTIC		37,732	4,382,291	685		
46	LABORATORY		731	139,340			
49	WHOLE BLOOD & PACKED RED		5,640	697,644	3,087		
50	RESPIRATORY THERAPY		6,300	349,428	132		
50	PHYSICAL THERAPY		2,564	18,906			
50 01	CARDIAC REHAB						
53	ELECTROCARDIOLOGY		1,001	745,951	6,038		
55	MEDICAL SUPPLIES CHARGED		5,801	1,635,611	7,126		
56	DRUGS CHARGED TO PATIENTS		140	26,237			
59	OTHER ANCILLARY						
60	OUTPAT SERVICE COST CNTRS		18,603	158,920			
61	CLINIC		31,896	3,026,438			
62	EMERGENCY			36,925			
65	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES		406,204	17,508,093	19,124		
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
40	OPERATING ROOM	.047117	
41	ANESTHESIOLOGY	.000936	
41	RADIOLOGY-DIAGNOSTIC	.050211	103
44	LABORATORY	.008610	6
46	WHOLE BLOOD & PACKED RED	.005246	
49	RESPIRATORY THERAPY	.008084	25
50	PHYSICAL THERAPY	.018029	2
50 01	CARDIAC REHAB	.135618	
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED	.001342	8
56	DRUGS CHARGED TO PATIENTS	.003547	25
59	OTHER ANCILLARY	.005336	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.117059	
61	EMERGENCY	.010539	
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		169

AL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)			
I	PROVIDER NO:	I PERIOD:	I PREPARED 11/26/2008
I	14-1344	I FROM 7/ 1/2007	I WORKSHEET D
I	COMPONENT NO:	I TO 6/30/2008	I PART IV
I	14-M344	I	

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
46	WHOLE BLOOD & PACKED RED					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
50	01 CARDIAC REHAB					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
59	OTHER ANCILLARY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL					

Health Financial Systems MCRIF32 FOR LAWRENCE COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 OTHER PASS THROUGH COSTS I 14-1344 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 14-M344 I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS			1,169,014				
37	OPERATING ROOM			333,468				
40	ANESTHESIOLOGY			4,787,920			2,056	
41	RADIOLOGY-DIAGNOSTIC			4,382,291			685	
44	LABORATORY			139,340				
46	WHOLE BLOOD & PACKED RED			697,644			3,087	
49	RESPIRATORY THERAPY			349,428			132	
50	PHYSICAL THERAPY			18,906				
50 01	CARDIAC REHAB							
53	ELECTROCARDIOLOGY			745,951			6,038	
55	MEDICAL SUPPLIES CHARGED			1,635,611			7,126	
56	DRUGS CHARGED TO PATIENTS			26,237				
59	OTHER ANCILLARY							
	OUTPAT SERVICE COST CNTRS			158,920				
60	CLINIC			3,026,438				
61	EMERGENCY			36,925				
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			17,508,093			19,124	

Health Financial Systems MCRIF32 FOR LAWRENCE COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 OTHER PASS THROUGH COSTS I 14-1344 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 14-M344 I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	CARDIAC REHAB						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	OTHER ANCILLARY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,199
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,477
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,477
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	359
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	359
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	4
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,763
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	359
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	359
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	163.85
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	168.58
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,202,965
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	674
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	495,584
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,707,381

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,579,481
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,579,481
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.080976
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	637.66
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,707,381

TITLE XVIII PART A

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	689.29
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,215,218
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,215,218

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				683,095
49	TOTAL PROGRAM INPATIENT COSTS				1,898,313

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	247,455
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	247,455
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	494,910
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

1

PART IV - COMPUTATION OF OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
88	NON PHYSICIAN ANESTHETIST					
89	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A

SUBPROVIDER I

TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	41
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	41
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	41
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21,867
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	21,867
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,048
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,048
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.717073
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	196.29
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	21,867

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	533.34
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	21,867
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	21,867

TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)	
	INTENSIVE CARE TYPE INPATIENT	
	HOSPITAL UNITS	
43	INTENSIVE CARE UNIT	
44	CORONARY CARE UNIT	
45	BURN INTENSIVE CARE UNIT	
46	SURGICAL INTENSIVE CARE UNIT	
47	OTHER SPECIAL CARE	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	4,849
49	TOTAL PROGRAM INPATIENT COSTS	26,716

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,084
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	169
52	TOTAL PROGRAM EXCLUDABLE COST	1,253
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	25,463

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	1
55	TARGET AMOUNT PER DISCHARGE	8,949.10
56	TARGET AMOUNT	8,949
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	-16,514
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	895
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	11,097
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

PROGRAM INPATIENT ROUTINE SWING BED COST

```

60  MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
    REPORTING PERIOD (SEE INSTRUCTIONS)
61  MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
    REPORTING PERIOD (SEE INSTRUCTIONS)
62  TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63  TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
    COST REPORTING PERIOD
64  TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
    COST REPORTING PERIOD
65  TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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TITLE XVIII PART A

SUBPROVIDER I

TEFRA

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
 SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 533.34
 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		21,867			
87 NEW CAPITAL-RELATED COST	1,084	21,867	.049572		
88 NON PHYSICIAN ANESTHETIST		21,867			
89 MEDICAL EDUCATION		21,867			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS		1,061,059	
31	ADULTS & PEDIATRICS			
	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
40	OPERATING ROOM	.438190	40,006	17,530
41	ANESTHESIOLOGY	.707876	3,508	2,483
44	RADIOLOGY-DIAGNOSTIC	.304469	349,847	106,518
46	LABORATORY	.268419	511,436	137,279
49	WHOLE BLOOD & PACKED RED BLOOD CELLS	.393218	71,908	28,276
50	RESPIRATORY THERAPY	.410148	267,974	109,909
50	PHYSICAL THERAPY	.648503	35,244	22,856
50	01 CARDIAC REHAB	3.611658		
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.087408	444,155	38,823
56	DRUGS CHARGED TO PATIENTS	.302994	720,597	218,337
59	OTHER ANCILLARY	.824103		
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	4.401214		
62	EMERGENCY	.546881	1,983	1,084
	OBSERVATION BEDS (NON-DISTINCT PART)	1.325389		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		2,446,658	683,095
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		2,446,658	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
31	ADULTS & PEDIATRICS			
	SUBPROVIDER		32,104	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.438190		
40	ANESTHESIOLOGY	.707876		
41	RADIOLOGY-DIAGNOSTIC	.304469	2,056	626
44	LABORATORY	.268419	685	184
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.393218		
49	RESPIRATORY THERAPY	.410148	3,087	1,266
50	PHYSICAL THERAPY	.648503	132	86
50 01	CARDIAC REHAB	3.611658		
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.087408	6,038	528
56	DRUGS CHARGED TO PATIENTS	.302994	7,126	2,159
59	OTHER ANCILLARY	.824103		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4.401214		
61	EMERGENCY	.546881		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.325389		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		19,124	4,849
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		19,124	

Health Financial Systems	MCRIF32	FOR LAWRENCE COUNTY MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96(05/2004)
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008	I
		I 14-1344 I FROM 7/ 1/2007 I WORKSHEET D-4	I
		I COMPONENT NO: I TO 6/30/2008 I	I
		I 14-Z344 I	I

TITLE XVIII, PART A SWING BED SNF

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
31	ADULTS & PEDIATRICS			
	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
40	OPERATING ROOM	.438190	4,810	2,108
41	ANESTHESIOLOGY	.707876		
44	RADIOLOGY-DIAGNOSTIC	.304469	38,031	11,579
46	LABORATORY	.268419	67,253	18,052
49	WHOLE BLOOD & PACKED RED BLOOD CELLS	.393218	10,415	4,095
50	RESPIRATORY THERAPY	.410148	95,795	39,290
50	PHYSICAL THERAPY	.648503	53,998	35,018
53	01 CARDIAC REHAB	3.611658		
55	ELECTROCARDIOLOGY			
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.087408	153,668	13,432
59	DRUGS CHARGED TO PATIENTS	.302994	268,207	81,265
	OTHER ANCILLARY	.824103		
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	4.401214		
62	EMERGENCY	.546881		
	OBSERVATION BEDS (NON-DISTINCT PART)	1.325389		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		692,177	204,839
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		692,177	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,039,547
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,039,547

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,059,942
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

18	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	CAH DEDUCTIBLES	33,036
18.01	CAH ACTUAL BILLED COINSURANCE	682,471
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,344,435
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,344,435
24	PRIMARY PAYER PAYMENTS	211
25	SUBTOTAL	1,344,224

26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	92,687
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	92,687
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	72,713
28	SUBTOTAL	1,436,911
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,436,911
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,318,791
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	118,120
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII

HOSPITAL

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,588,361	1,318,791
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE	NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
ADJUSTMENTS TO PROVIDER .01			
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50			
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99		NONE	NONE
4 TOTAL INTERIM PAYMENTS		1,588,361	1,318,791
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL .99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			
SETTLEMENT TO PROVIDER .01			
SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		30,867		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		30,867		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
TENTATIVE TO PROGRAM		.99		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		674,540		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		674,540		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
TENTATIVE TO PROGRAM		.99		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	499,859	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	206,887	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	718	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	706,746	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	706,746	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	706,746	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	21,524	
14	80% OF PART B COSTS		
15	SUBTOTAL	685,222	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	685,222	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	674,540	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	10,682	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	11,097
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	2,774
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	29,619
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	112022
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	29,619
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	7,768
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	5,826
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	32,393
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	32,393
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	32,393
7	DEDUCTIBLES	
8	SUBTOTAL	32,393
9	COINSURANCE	992
10	SUBTOTAL	31,401
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	31,401
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

Health Financial systems	MCRIF32	FOR LAWRENCE COUNTY MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
		I PROVIDER NO:	I PERIOD:
		I 14-1344	I FROM 7/ 1/2007
		I COMPONENT NO:	I TO 6/30/2008
		I 14-M344	I

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PREPARED 11/26/2008
 WORKSHEET E-3
 PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	31,401
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19.01	INTERIM PAYMENTS	30,867
20	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
21	BALANCE DUE PROVIDER/PROGRAM	534
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	1,898,313
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	1,898,313
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	1,917,296
COMPUTATION OF LESSER OF COST OR CHARGES		
7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	1,917,296
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	384,798
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,532,498
23	COINSURANCE	7,504
24	SUBTOTAL	1,524,994
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	83,212
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	83,212
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	67,730
26	SUBTOTAL	1,608,206
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	1,608,206
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,588,361
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	19,845
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

	TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

TITLE XIXHOSPITAL

TITLE V OR
TITLE XIX1

TITLE XVIII
SNF PPS2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	930,303			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	5,838,428			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,934,848			
7 INVENTORY	247,170			
8 PREPAID EXPENSES	118,114			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	3,199,167			
FIXED ASSETS				
12 LAND	20,150			
12.01				
13 LAND IMPROVEMENTS	142,586			
13.01 LESS ACCUMULATED DEPRECIATION	-118,306			
14 BUILDINGS	3,945,155			
14.01 LESS ACCUMULATED DEPRECIATION	-2,386,689			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	325,922			
16.01 LESS ACCUMULATED DEPRECIATION	-320,363			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	3,982,912			
18.01 LESS ACCUMULATED DEPRECIATION	-3,149,377			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	2,441,990			
OTHER ASSETS				
22 INVESTMENTS	1,201			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	1,201			
27 TOTAL ASSETS	5,642,358			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	540,442			
29 SALARIES, WAGES & FEES PAYABLE	674,397			
30 PAYROLL TAXES PAYABLE	8,380			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	448,166			
36 TOTAL CURRENT LIABILITIES	1,671,385			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	254,312			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	254,312			
43 TOTAL LIABILITIES	1,925,697			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	3,716,661			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	3,716,661			
52 TOTAL LIABILITIES AND FUND BALANCES	5,642,358			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING		4,168,735
2 OF PERIOD		
3 NET INCOME (LOSS)		-454,074
4 TOTAL		3,714,661
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		3,714,661
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		3,714,661
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6 7 8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,579,481		1,579,481
2 00 SUBPROVIDER	8,048		8,048
4 00 SWING BED - SNF	218,008		218,008
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,805,537		1,805,537
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	1,805,537		1,805,537
17 00 ANCILLARY SERVICES	4,327,943	13,752,541	18,080,484
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES	423	901,020	901,443
24 00 PHYSICIAN REVENUE		1,172,743	1,172,743
25 00 TOTAL PATIENT REVENUES	6,133,903	15,826,304	21,960,207

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	11,407,440
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	11,407,440

DESCRIPTION

1	TOTAL PATIENT REVENUES	21,960,207
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	10,527,283
3	NET PATIENT REVENUES	11,432,924
4	LESS: TOTAL OPERATING EXPENSES	11,407,440
5	NET INCOME FROM SERVICE TO PATIENTS	25,484
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	96,312
7	INCOME FROM INVESTMENTS	29,255
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	7,574
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	80,444
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	5,486
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	323,465
24	MISCELLANEOUS INCOME	4,195
24.01	AMBULANCE SUBSIDY	133,000
24.02	RENT/UTILITIES	42,692
24.03	OTHER GRANTS	18,821
25	TOTAL OTHER INCOME	741,244
26	TOTAL	766,728
	OTHER EXPENSES	
27	BAD DEBT EXPENSE	1,220,802
28		
29		
30	TOTAL OTHER EXPENSES	1,220,802
31	NET INCOME (OR LOSS) FOR THE PERIOD	-454,074